

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Irvin for Congress

ADDRESS (number and street)

p.o. box 30096

Check if different than previously reported. (ACC)

columbia

MO

65205

2. FEC IDENTIFICATION NUMBER ▼

C C00561142

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MO

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY
11 / 04 / 2014

DD / YYYY

YYYY

in the State of

MO

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY
10 / 01 / 2014

DD / YYYY

YYYY

through

MM / DD / YYYY
10 / 15 / 2014

DD / YYYY

YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nathaniel Augustus Irvin

Signature of Treasurer Nathaniel Augustus Irvin

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

DD / YYYY

YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Irvin for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1130.00	9232.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1130.00	9232.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1087.87	9445.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1087.87	9445.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	862.54	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Irvin for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	5900.00
(ii) Unitemized.....	130.00	3332.00
(iii) TOTAL of contributions from individuals ▶	130.00	9232.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1130.00	9232.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1130.00	9232.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1087.87	9445.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1087.87	9445.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	820.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1130.00
25. SUBTOTAL (add Line 23 and Line 24).....	1950.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1087.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	862.54

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Irvin for Congress

A. Full Name (Last, First, Middle Initial)
Democratic Committee 4th Congressional District

Mailing Address RR 91 Box 1894

City State Zip Code
Cross Timbers MO 65634

FEC ID number of contributing federal political committee. **C**

Name of Employer political Occupation committee

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11C.4789

Amount of Each Receipt this Period
Contribution
1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Irvin for Congress

Full Name (Last, First, Middle Initial) A. Columbia MO Break Time		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 200 N Providence		Amount of Each Disbursement this Period 47.16
City Columbia	State MO	
Zip Code 65203	Purpose of Disbursement Travel Expense: Fuel	Transaction ID : SB17.4810
Candidate Name Irvin for Congress	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: MO District: 04		

Full Name (Last, First, Middle Initial) B. Pizzeria G&D		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2101 w broadway		Amount of Each Disbursement this Period 20.18
City columbia	State MO	
Zip Code 65203	Purpose of Disbursement Fundraising Event Supplies: Pizza	Transaction ID : SB17.4811
Candidate Name Irvin for Congress	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: MO District: 04		

Full Name (Last, First, Middle Initial) c. Greg Hagan		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 2401 W. Broadway		Amount of Each Disbursement this Period 850.00
City Columbia	State MO	
Zip Code 64093	Purpose of Disbursement Consulting: Management	Transaction ID : SB17.4798
Candidate Name Irvin for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 04		

SUBTOTAL of Disbursements This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Irvin for Congress

Full Name (Last, First, Middle Initial) A. Greg Hagan		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 2401 W. Broadway		Amount of Each Disbursement this Period 850.00
City Columbia	State MO	
Zip Code 64093	Purpose of Disbursement Consulting: Management	Transaction ID : SB17.4804
Candidate Name Irvin for Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: MO District: 04		

Full Name (Last, First, Middle Initial) B. Columbia MO La Siesta Mexican Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 33 9th st		Amount of Each Disbursement this Period 5.43
City Columbia	State MO	
Zip Code 65201	Purpose of Disbursement Fundraising Event Supplies: Chips/Dip	Transaction ID : SB17.4813
Candidate Name Irvin for Congress	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: MO District: 04		

Full Name (Last, First, Middle Initial) c. Columbia MO Petromart 46		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 2200 W Ash St.		Amount of Each Disbursement this Period 40.00
City Columbia	State MO	
Zip Code 65203	Purpose of Disbursement Travel Expense: Fuel	Transaction ID : SB17.4805
Candidate Name Irvin for Congress	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: MO District: 04		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Irvin for Congress

Full Name (Last, First, Middle Initial) A. Columbia MO Petromart 46		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 2200 W Ash St.		Amount of Each Disbursement this Period 43.00
City Columbia	State MO	
Zip Code 65203		Category/ Type 002
Purpose of Disbursement Travel Expense: Fuel		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO District: 04		

Full Name (Last, First, Middle Initial) B. Columbia MO Petromart 46		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 2200 W Ash St.		Amount of Each Disbursement this Period 42.75
City Columbia	State MO	
Zip Code 65203		Category/ Type 002
Purpose of Disbursement Travel Expense: Fuel		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO District: 04		

Full Name (Last, First, Middle Initial) C. Columbia MO Wal Mart Stores		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 3001 w Broadway		Amount of Each Disbursement this Period 4.94
City Columbia	State MO	
Zip Code 65203		Category/ Type 001
Purpose of Disbursement Office Supplies: Pens/Notepad		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO District: 04		

SUBTOTAL of Disbursements This Page (optional).....		0.00
TOTAL This Period (last page this line number only).....		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Irvin for Congress

Full Name (Last, First, Middle Initial) A. Columbia MO Wal Mart Stores		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 3001 w Broadway		Amount of Each Disbursement this Period 34.41
City Columbia State MO Zip Code 65203	Purpose of Disbursement Fundraising Event Suplies:Decorations	Transaction ID : SB17.4809 [MEMO ITEM]
Candidate Name Irvin for Congress	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 04		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	850.00